Credit Union of Ohio, Inc.

5500 Britton Parkway Hilliard, OH 43026 (614) 487-6650 FAX (614) 487-6659

AUTOMATED DISTRIBUTION AUTHORIZATION

(614) 487-6650 FAX (614) 487-6659		ACCOUNT #
	DI FAC	TELLER #
Nama		E PRINT Control Constitut Number Distributes
		Social Security Number Birthdate
		City State Zip
Home Phone ()	Cell Phone ()	Work Phone ()
Employer		
	PAYROLL D	ISTRIBUTION
Effective		Description ☐ New ☐ Change ☐ Cancel
Employer Name		Frequency ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly
Payroll Group #		Day or Date
Account #	Type / Suffix	Amount
	Savings (<u>)</u> \$
	Checking (
	IRA (
	Christmas Club (
	<u>Loan (</u>	
	Loan (<u> </u>
	Loan (
	Other (
	Other (
	Other (
		<u>\$</u>
		
		<u>\$</u>
	<u> </u>	<u> </u>
	Total Amount of Distribution	ıs \$
SIGNATURES		
amount(s). You further understand and agree to the Electronic Fund Transfer Agreement and You agree that precedes the scheduled transfer date; (c) You a Your Account(s) and You agree to and accept the towners of the Account(s) and that You are authorize Your bankruptcy or insolvency) unless terminated	e following: (a) this Authorization may in to and accept the terms found therein; acknowledge receiving a Fee Schedule a terms and conditions found therein; (d) if dd to do so; and (e) to the extent permitte in writing to the Credit Union at least 4 le signatures on this Authorization and a ted with permitting Us to accept Your fac	
Signature		Date
CREDIT UNION USE ONLY		
Notes		